

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No.

28994

Registration District No. 318

Primary Registration District No.

Registrar's No.

7299

1. PLACE OF DEATH:

(a) County MISSOURI
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2301 VICTOR
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME JOHN DUFFHUES

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife Josephine (c) Age of husband or wife if alive _____ years
7. Birth date of deceased MAY 22 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 2 15 hr. min.

9. Birthplace HOLLAND
(City, town, or county) (State or foreign country)

10. Usual occupation PRESSMAN

11. Industry or business PULITZER PUB. CO.

12. Name UNKNOWN

13. Birthplace HOLLAND
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace HOLLAND
(City, town, or county) (State or foreign country)

16. (a) Informant JOHN T. VANDERHEYDEN

(b) Address 3548 S. GRAND

17. (a) BURIAL (b) Date thereof AUG. 9 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM

18. (a) Signature of funeral director Thomas Kuter

(b) Address 2906 GRAYOIS

19. (a) AUG 7 1947 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL") 17
(d) Street No. 2301 VICTOR (If rural, give location) 9
23
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 6
year 1947 hour 9 minute 15 AM

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Heart exhaustion
Chronic Nephritis
Embolic of Heart
Due to _____

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:
Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____
While at work _____ Means of injury _____

23. Signature [Signature] (M. D. or other) 3

Address [Signature] Date signed 8/8/47

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Leo Buddr

Licensed Embalmer No.

3989

P. O. Address.....

St Louis mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.